



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ACADIAN AMBULANCE SERVICE

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-13-1330-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

January 28, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Labor Code SS408.0272 allows an exception to filing after the 95 day rule if the wrong carrier was filed within the 95 day window as long as the provider submits the bill within 95 days of the date the provider was notified of the error."

Amount in Dispute: \$816.48

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "the requestor submitted the bill and records to Texas Mutual on 9/18/12. Upon receipt of the bill Texas Mutual denied payment of the bill as beyond the 95 day filing limit."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|--------------------|-------------------|------------|
| May 23, 2012 | Ambulance Services | \$953.54 | \$0.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
4. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.

5. The insurance carrier denied payment for the disputed services with the following claim adjustment codes:
- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
 - 731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - 724 – NO ADDITIONAL REIMBURSEMENT AFTER A RECONSIDERATION OF SERVICES. FOR INFORMATION CALL 1-800-937-6824

Issues

1. Did the health care provider erroneously file for reimbursement with the injured employee's group health insurer within the period prescribed by Labor Code §408.027?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Texas Labor Code §408.0272(b) provides that:

Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

(A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;

The requestor submitted an explanation of benefits (EOB) indicating that the health care provider had filed for reimbursement with the injured worker's group health insurer. The EOB is dated within 95 days from the date the disputed services were provided. The requestor has therefore supported that the health care provider erroneously filed for reimbursement with the injured employee's group health insurer within the period prescribed by Section 408.027(a). The requestor has met the exception to timely filing provided in Labor Code §408.0272(b).

2. Texas Labor Code §408.027(a) states that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

Texas Labor Code §408.0272(c) requires that:

Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim.

The group health EOB is dated June 5, 2012. The first Texas Mutual EOB is dated October 4, 2012. This is beyond the 95th day after the date of the group health EOB.

The group health EOB indicates that the medical bill was processed, that payment was allowed and that the payment was applied to deductible, with the balance indicated as patient responsibility. It does not indicate erroneous submission. No documentation was found to support the date that the requestor was notified of the erroneous submission of the claim. No documentation was found to support the date that the health care provider submitted the bill to Texas Mutual. No documentation was found to support that the health care provider submitted the bill to Texas Mutual within 95 days after the date the provider was notified of the provider's erroneous submission of the claim. Consequently, the requestor has failed to support that it has met the requirements of §408.0272(c) and has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

| | | |
|-----------|--|----------------|
| _____ | Grayson Richardson | April 10, 2015 |
| Signature | Medical Fee Dispute Resolution Officer | Date |

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.